## **Section 355 Committee Volunteer Registration Form**



I would like to register as a volunteer with the following Section 355 Committee:
Committee Position:
Name:
Date of Birth:
Email:
Phone:
Address:
Emergency Contact Name:
Emergency Contact Number:
Do you have any pre-existing medical conditions or special needs which may affect the type of work you do as a volunteer?
□Yes
□No
As a volunteer the following conditions apply:
No payment will be made to you by Council.
<ul> <li>Volunteers are expected to take reasonable care for their own safety and ensure they do not adversely affect the health and safety of other people when assisting in council approved volunteer activities. Provided they take reasonable care and are participating in council approved activities the worker or other participating person's will be covered by Council's insurance.</li> </ul>
<ul> <li>Should any incident or near miss (resulting in injury or damage to property or any other parties) occur to you while you are acting as a volunteer of Council, you must notify Council immediately, or as soon as practicable.</li> </ul>
<ul> <li>It is the responsibility of the volunteer to wear appropriate clothing and footwear and ensure they have adequate UV protection when working outdoors.</li> </ul>
I confirm that I have read and understand the above:
Sign:
Date: